

American University

Corporate Credit Card Application Form

Applicant Name	
Business Phone	
AU Email Address	
AU ID Number and Hiring Date	
Supervisor or Business Manager Name	
Supervisor or Business Manager Email	
Department Name	
G/L Account #	

Conditions of Use

Corporate Credit Card: I agree to use this card for American University departmental approved purchases **only** and agree **not** to charge personal purchases.

I understand that the University will audit the use of this card and report any discrepancies. Should I fail to use this card properly, I authorize American University to deduct from salary that amount equal to the total of the discrepancy. I also agree to allow the University to collect such amount even if I am no longer employed by American University. I understand that American University may terminate my privilege to use this card at any time for any reason. I agree to return the card to the University immediately upon request or upon termination of employment.

Cardholder Signature

Date

Supervisor Signature

Date

Modified 03/17/2016

Business Phone _____